

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Dr</i>		2-15-99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	860080	7-20-99
FORMALITY REVIEW	<i>[Signature]</i>		8-11-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			2-16-99
2			2-16-99
3			2-16-99
4			2-16-99
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Claim	Final	Original	Date
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100			2-16-99

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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